



## PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY	
FC	)R		NUMBE	R FILED		NUMBER	EXTRA	ſ	RATE	FEE	1	RATE	FEE
ВА	SIC FEE					·				380.00	OR		760.00
TC	TAL CLAIMS		14	minus	20=	*			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS 3 = *					*			X39=		OR	X78=		
MULTIPLE DEPENDENT CLAIM PRESENT									+130=		OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2									TOTAL		OR	TOTAL	160
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)												OTHER THAN SMALL ENTITY	
AMENDMENT A	0	CLAIMS REMAINING AFTER AMENDMENT		,	PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**		= _		X\$ 9=		OR	X\$18=	
	Independent	*		Minus	***		=	j.	X39=		OR	X78=	
	FIRST PRESE	NIATIO	N OF MU	JLIIPLE DEI	PENL	DENT CLAIM		Ī	+130=		OR	+260=	
	•							L	TOTAL			TOTAL	
		/Colu	mn 1)		(	Solumn (1)	(Column 2)	Α	DDIT. FEE		<b>]</b>	ADDIT. FEE	
8		CLA	VIMS VINING	C C		Column 2) HIGHEST NUMBER	(Column 3) PRESENT	Γ		ADDI-			ADDI-
<b>AMENDMENT</b>		AFT	TER DMENT		PF	REVIOUSLY PAID FOR	EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*		Minus	**	<u>-</u>	=		X\$ 9=		OR	X\$18=	
	Independent	*		Minus		SENIT OLAIM	= -		X39=		OR	X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+130=		OR	+260=	
TOTAL TOTAL											TOTAL ADDIT. FEE		
	·	(Colu	mn 1)		(C	Column 2)	(Column 3)	^			• ′		
AMENDMENT C		REMA	IMS INING TER DMENT	°°	PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*		Minus	***		=		X39=	,	OR	X78=	
	FIRST PRESE	NTATIO	N OF ML	ILTIPLE DEF	PEND	DENT CLAIM		H			On		-
*	f the entry in colu	mn 1 is les	ss than th	e entry in colu	mn 2	write "0" in col	umn 3.		+130=		OR	+260=	
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

## This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION	NUMBER:		· · · · · · · · · · · · · · · · · · ·	<del></del>			
	•						
·	Fee Code	Total # Claims	Number Extra	_X	Fee	Fee	= / Total
P	Sm./Lg.				Sm. Entity	Lg. Entity	-
Basic Filing Fee	201/101						= 762
Total Claims >20 .	203/103	-20 =		x	<del></del>	<del></del>	= ,
Independent Claims >3	202/102	3 -3 =		x	<del></del>	<del></del>	<b>=</b>
Mult. Dep Claim Present	204/104				<del></del>		=
Surcharge	205/105						= /30
English Translation	139 .						
TOTAL FEE CALCULA	ATION						890
Fees due upon filing t	he application:					•	
Total Filing Fees Due	= \$	970		·· <del>·</del>		•	
Less Filing Fees Subn	nitted - \$						
BALANCE DUE  Office of Initial Patent	=\$						

FORM OIPE-RAM-01 (Rev. 12/97)